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## METHODS AND STANDARDS TO ASSURE QUALITY OF SERVICES

### Provider Standards

Prior to enrollment, providers must satisfy licensing and certification requirements established by local and Federal laws, regulations, and State agency policies.

### Peer Review of Long-Term Care Services

Peer review functions are provided under contract to assure that services are medically necessary, are of high quality, and are consistent with medical needs of the patient. The following methods are used.

1. Pre-admission reviews are done to determine the appropriate level of care needed by applicants for long-term care. The physician certifies that alternatives to nursing home care have been considered but are not appropriate.
2. Periodic evaluations are made of the adequacy and appropriateness of services rendered and the patient's need for continued placement in the present facility.
3. Medical care evaluation studies are conducted to identify and analyze patterns of patient care and to suggest appropriate changes for maintaining consistently high-quality patient care, effective and efficient use of services.
4. On-site medical reviews and inspections are made in SNFs, ICFs, and ICFs-MR. These reviews include personal contact with the patient.

### Surveillance and Utilization Review (SUR)

SUR reviews are done in all Medicaid services and are primarily concerned with medical necessity; quality, appropriateness and frequency of services; adequate documentation to support services billed; policy violations and incorrect payments. In-house reviews are made from SUR system reports including profiles, weighted and ranked, and submitted claims' detail. Provider medical records are reviewed on-site. Questionable practices involving medical necessity and quality are referred to the peer review agency for review and recommendation.

### Home Health Agency Reviews

Authorized representatives of the Department review home health agencies as directed by the Department. Functions included in these utilization reviews are assessments of quality of care and need for services rendered. Records are reviewed in the agencies and patients are assessed in their homes. Visits may be announced or unannounced.